

Dental Provider Manual

SOUTH CAROLINA DEPT OF HEALTH & HUMAN SERVICES MEDICAID DENTAL PROGRAM



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PROPERTY OF: Avesis Third Party Administrators, Inc.

3724 N. 3rd Street Suite 300 Phoenix, AZ 85012

Phone: (800) 327-4462 | Fax: (866) 653-5544 | IVR: (866) 234-4806

www.avesis.com



Dear Avesis Provider:

Avesis Third Party Administrators, Inc. (Avesis) would like to take this opportunity to welcome you and your staff as Members of our national network of preferred Providers. We are pleased that you have chosen to participate with us.

Throughout your ongoing relationship with Avesis, this Dental Provider Manual will provide you with useful information concerning the Avesis Dental Program in which you have chosen to participate.

When communicating with our network Providers, we make every effort to be clear and concise. Our expectation is to answer questions promptly when they arise. We want to provide accurate and effective information that will allow you and your dental team Members to understand which American Dental Association (ADA) Current Dental Terminology (CDT) codes are covered and what to expect from Avesis.

If you require assistance or information that is not included within this Provider Manual, please contact our Provider Services Department at the following number:

Provider Services: (800) 327-4462

Monday – Friday 8:00 AM to 5:00 PM (EST)

A Quick Reference Guide is also provided within this Manual. This easy to read reference is intended to give you the most important information in one place. Please place this guide in a convenient location at your front desk so that it may be used as a reference to answer questions regarding the Avesis South Carolina Medicaid Dental Program.

Specific details regarding the program can be found throughout this Provider Manual. Please visit the Avesis website at <u>www.avesis.com</u> periodically to ensure that your Provider Manual is up to date.

Again, we welcome you and your staff to the growing list of Avesis Providers. We look forward to a successful relationship with you and your practice.

Sincerely,

Avesis Provider Services



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Dental Provider Manual



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Avesis Contact Information

Avesis Executive Offices

10324 S. Dolfield Road Owings Mills, Maryland 21117 (410) 581-8700 (800) 643-1132

Avesis Provider Services

Provider Services (800) 327-4462

Avesis Chief Dental Officer

Fred L. Sharpe, D.D.S. P.O. Box 93525 Southlake, Texas 76092 <u>fsharpe@avesis.com</u>

Avesis Pre-Treatment Estimate

Avesis Third Party Administrators, Inc. Attn: Pre-Treatment Estimate P.O. Box 7777 Phoenix, Arizona 85011-7777

Avesis Specialty Referral Form

Avesis Third Party Administrators, Inc. Attn: Dental SCDHHS Specialty Referrals/Authorizations P.O. Box 7777 Phoenix, Arizona 85011-7777

Avesis Dental Claims

Avesis Third Party Administrators, Inc. Attn: Dental Claims P.O. Box 7777 Phoenix, Arizona 85011-7777

Avesis Corporate Offices

3724 N. 3rd Street Suite 300 Phoenix, Arizona 85012 (602) 241-3400 (800) 522-0258

Avesis Utilization Management Utilization Management

(866) 653-5544 (secure fax)

Avesis EFT Contract

Avesis Third Party Administrators, Inc Attn: Finance P.O. Box 782 Owings Mills, Maryland 21117

Avesis Post Review

Avesis Third Party Administrators, Inc. Attn: Post Review P.O. Box 7777 Phoenix, Arizona 85011-7777

To Correct Claims

Avesis Third Party Administrators, Inc. Attn: Corrected Dental Claims P.O. Box 7777 Phoenix, Arizona 85011-7777

Avesis makes every effort to maintain the accuracy of information contained in this Provider Manual. If any typographical errors are found please contact Avesis at (800) 327-4462. Avesis is not liable for any damages, directly or indirectly, that may occur from a typographical error.



Statement of Providers' Rights and Responsibilities

Providers shall have the right and responsibility to:

- Communicate openly and freely with Avesis
- Communicate openly and freely with Avesis Member(s)
- Suggest dental treatment option(s) to Avesis Member(s)
- Recommend non-covered service(s) to Avesis Member(s)
- Manage the dental health care needs of Members to assure that all necessary services are made available in a timely manner
- Maintain medical records as set forth herein for all services rendered
- Ensure disclosure form is signed for non-covered service(s) by all parties prior to rendering service(s)
- Obtain information regarding the status of claims
- Receive payments from Avesis for clean claims within fifteen (15) business days
- Resubmit a claim with additional information
- File an appeal with Avesis
- Inform a Member of appeal status
- Question policies and/or procedures that Avesis has implemented
- Request Pre-Treatment Estimate for services to be rendered in the General/Pediatric Dentist's office
- Request that referrals be performed in a setting other than the General/Pediatric Dentist's office
- Inquire about re-credentialing
- Agree to not discriminate against Members on the basis of race, color and national origin.
- Agree to not discriminate against qualified individuals with disabilities for employment purposes
- Agree to not discriminate against employees based on race, color, religion, sex, or national origin



Statement of Members' Rights

Members shall have the right to:

- Communicate openly and freely with Avesis without retribution
- Communicate openly and freely with their Avesis Providers without retribution
- Expect privacy according to HIPAA and other state or federal guidelines
- Be treated with respect and dignity
- Be treated the same as all other patients
- Be informed of their oral health status
- Participate in choosing treatment option(s)
- Participate with parent(s) or guardian in making a decision(s) regarding their oral health
- Know whether treatment is medically necessary
- Be provided with a phone number to call the provider in case of an emergency
- Obtain non-covered service(s) only when a disclosure form is signed by all parties
- Voice a complaint against a provider
- Be informed of any appeal filed on their behalf
- Change Providers



Statement of Members' Responsibility

The Members shall to the best of their ability:

- Choose Providers who are participating in the Avesis network
- Choose specialists who are participating in the Avesis network
- Be honest with Providers
- Provide accurate information to the Providers
- Behave in a respectful manner
- Understand the status of their oral health
- Choose a mutually agreed upon treatment plan with option(s) that they believe is in the best interest of their oral health
- Have Providers explain fees associated with non-covered services and payment arrangements agreed upon in advance for services being rendered
- Use best efforts to not miss nor be late for an appointment
- Cancel appointments in advance, if unable to make scheduled appointment
- Supply the providers with emergency contact information
- Follow home care instructions
- Call the dentist of record in the event of an emergency
- Call NurseWise[®] if the dentist of record cannot be reached



General Information

Avesis Incorporated, the parent company of Avesis Third Party Administrators, Inc., has been providing fully insured dental and vision services since 1978. Recognizing that every client is unique, Avesis has built a network of general and specialty providers to support the constantly growing needs of the Medicaid / Medicare and indigent populations. Avesis believes that a successful dental program is one where the Members receive the best possible care and the network providers are satisfied with the support that they receive.

Avesis prides itself on providing excellent account management and provider services in order to support you and your staff. To minimize your administrative responsibilities, Avesis maintains a web based processing system allowing for verification of eligibility and claims submission. The staff of Avesis includes the Chief Dental Officer and representatives of the Avesis Provider Services Department who are your key contacts. If you would like to speak to the Avesis Chief Dental Officer or Provider Services, please call Provider Services at the number listed below. There is also a State Dental Director in your region who is available by calling the Provider Services number below.

Please take the time to familiarize yourself with this manual as it contains a great deal of information. If you have any questions please do not hesitate to call for assistance or clarification:

Provider Services: (800) 327-4462

Monday - Friday 8:00 AM to 6:00 PM (EST)

To assist you with the administration of benefits to Avesis Members, information in this Provider Manual will be periodically updated. It is your responsibility to:

- Remove the older page(s) from the binder
- Replace with the revised page(s)

Please note the document numbers at the bottom left of the page. PM-D refers to Provider Manual – Dental and the "v" stands for version which refers to the date. If you are in doubt as to whether you have the latest revision, please check the Avesis website at <u>www.avesis.com</u> for the most current version of a form. You will be able to download individual pages.

Promptly inserting revisions will keep your Provider Manual current and accurate.



Eligibility Conditions

The South Carolina Department of Health and Human Services (SCDHHS) eligibility conditions of this program are:

Dental Program

The South Carolina Medicaid Dental Program provided through Absolute Total Care covers eligible Medicaid recipients age twenty-one (21) and over. The member is eligible on the first of the month following the month in which the member turns 21.

Coverage limitations and reimbursement guidelines are outlined in the Covered Benefits and Fee Schedule. Details for this program can be found throughout this Provider Manual.



Frequently Asked Questions

General Information

Which Management Care Organization(s) (MCO) is Avesis associated with?

Avesis is associated with Absolute Total Care, Inc.

What is the relationship between Avesis and Absolute Total Care?

Avesis has contracted with Absolute Total Care to arrange for the provision of dental services to their eligible Members of the South Carolina Medicaid MCO Program as well as to adjudicate, process and pay claims to providers.

Do I contract with Avesis or Absolute Total Care?

You will contract with Avesis.

Will third party liability still be the same?

As a CMS program, Avesis, on behalf of Absolute Total Care, is always the payer of last resort. If the Member has other health insurance, claims must be filed with that payer first. Upon receipt of the primary Remittance Advice (RA), you will submit a claim to Avesis with the primary payer's RA within 90 days of the date on the primary payer's RA.

Will we get new Medicaid provider numbers?

You will keep your current SCDHHS (South Carolina Medicaid) Provider number. If you do not have a SCDHHS Provider number, you will need to apply for one. You should apply for your SCDHHS Provider number through the state's website. The application can also be found on the Avesis website at. Please note that you may need a unique number for each location where you render services.

Will we get an Avesis provider number?

After you are credentialed, you will receive an Avesis PIN number which will be your Avesis identification number.



What is an NPI number?

The NPI (National Provider Identifier) number was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is a unique identification number used by health care providers when submitting claims for reimbursement. Health care providers and all health plans and health care clearinghouses are required to use the NPI numbers in the administrative and financial transactions specified by HIPAA. The NPI contains no embedded intelligence; that is, it contains no information about the health care provider such as the type of health care provider or State where the health care provider is located. The NPI must be used in connection with the electronic transactions identified in HIPAA. The NPI does not:

- Replace the DEA number when required for prescribing controlled substances or other DEA-regulated activities.
- Replace state-issued licenses and certifications verifying a Provider's licensing or qualifications.
- Replace Social Security Number, Individual Tax ID, or Employer ID for tax purposes.

Source: <u>http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0528.pdf</u> <u>http://www.ada.org/prof/resources/topics/npi.asp</u>

Does Avesis pay on a Fee for Service Schedule?

Yes.

Will Members have to choose a primary care dentist?

No, the Member may go to any dentist in the Avesis provider network.

Who can a Member call if their Provider is unavailable and they believe that their concern is urgent?

The Member may contact NurseWise[®], a 24-hour, toll-free phone line through which callers can reach both customer service representatives and bilingual nursing staff. The nurse triage service provides access to a broad range of health-related services.

Can our office refuse to see a patient that does not have an identification card that comes into the office?

It is not necessary to refuse treatment to a member because they do not present with their identification card. Eligibility can be verified with Avesis for a SCDHHS Member.



Provider Services

Is there a number to call where you can reach an actual person?

Avesis Provider Services is available to assist you at (800) 327-4462 Monday through Friday from 8 AM until 6 PM EST except observed holidays.

Eligibility

How will I know that the Member has chosen to participate with Absolute Total Care?

The Member will present with an Absolute Total Care identification card.

When are children considered adults under this program?

The State of South Carolina deems the first day of the month following their 21st birthday to be adulthood.

How will I obtain eligibility information?

Your office can:

- Visit the Avesis website anytime, <u>www.avesis.com</u>
- Utilize Avesis IVR anytime at: (866) 234-4806
- Call Avesis Customer Services at: (800) 327-4462

Do I need to verify eligibility each time a Member presents?

Yes, it is in your best interest to verify eligibility for each visit.

Will eligibility obtained be "real time" information?

At this time, Avesis is scheduled to receive eligibility updates monthly.



Benefits

Will we be able to view the Member's benefits online?

Full benefit information is available on the Avesis website.

Are dentures ever a covered benefit?

Dentures are not covered for medical necessity only by the Member's Primary Care Physician.

Does Avesis require radiographs?

The Covered Benefits and Fee Schedule clearly states when radiographs are required.



Billing and Claims

How will dentists be assured that Avesis is financially solvent and will pay claims timely?

Avesis is the dental managed care subcontractor for Absolute Total Care. Avesis is a licensed third party administrator in South Carolina and will work closely with Absolute Total Care to ensure that claims are paid correctly and in a timely manner. Under South Carolina insurance law, managed care subcontractors are required to meet specific standards for claims payment. The parent insurance company is, however, ultimately responsible for claims payment.

What if a Member requests Non-Covered Services?

If, in the course of the exam, you determine that the Member requires services not covered by the program you will be expected to discuss possible options with the Member. Should the Member choose to receive Non-Covered Services, the Non-Covered Services Form will be completed and signed by the provider and the Member.

Should I send a copy of the Non-Covered Services Form to Avesis?

No, this form becomes part of the Member's permanent record.

Can the non-covered services form be completed online?

No, that is not possible since the form requires signatures.



Electronic Funds Transfer

Will we need to send a check with the EFT agreement?

Yes, providers interested in electronic remittance will need to provide Avesis a voided check with the completed EFT form which can be found in the manual.

Where do I send my EFT Agreement?

Please mail the EFT Agreement and voided check to:

Avesis Third Party Administrators, Inc. Attn: Finance PO Box 782 Owings Mills, MD 21117

How are claims submitted to Avesis?

In one of three ways:

- Electronic Data Interchange (EDI)
- Manually entered on the Avesis website at <u>www.avesis.com</u>
- By mail, using the ADA Form

Will you accept faxed claims?

No.

Will Avesis accept HIPAA compliant electronic claims (837)?

Yes, Avesis will accept HIPAA compliant 837 claims.

How often are claims paid?

Avesis and Absolute Total Care honor the applicable state prompt payment law requiring that clean claims be processed and paid within fifteen (15) calendar days of receipt. Avesis will pay eligible clean dental claims on a weekly basis.



Quick Reference Guide

Identification Card

Members should present with a Management Care Organization (MCO) Member identification card.

Eligibility Verification

Providers are required to verify Member eligibility. It is strongly encouraged that you verify eligibility for each Member's appointment the business day prior to rendering services. See Eligibility Section for details. Using your Avesis provider PIN and the Member's identification number you may:

- Call the Interactive Voice Response (IVR) at: (866) 234-4806
- On our website at: <u>www.avesis.com</u> Click the flashing box "Vision and Dental Medicaid Providers," Enter your User Name and Password, Click "Check Eligibility/Submit a Claim," Enter the Member's identification number **and/or** Last Name, First Name, Date of Birth."
- Submit an Eligibility Verification Fax Form to the Avesis secure fax line at: (866) 332-1632. The form will be returned to you via fax no later than one (1) business day after receipt.
- Call Avesis Provider Services at: (800) 327-4462

For more details refer to the Eligibility Verification and Confirmation section.

Provider Services

- Check Re-credentialing Status
- Request Provider PIN number
- Verify Eligibility
- Check Claims Status
- Ask General Questions
- Fax: (866) 653-5544 (secure fax)

Provider Service Hours

Monday - Friday 8:00 AM to 5:00 PM (EST)

Observed Holidays

Avesis observes the following holidays: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day (may vary when holiday falls on a weekend).

Approval Policy

Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received.



Claims

Electronic claims may be submitted to Avesis:

- Through EDI (arrangements must be made with the Avesis IT Department prior to submission)
- On our website at: <u>www.avesis.com</u> Click the flashing box "Vision and Dental Medicaid Providers," Enter your User Name and Password," Click "Check Eligibility/Submit a Claim," Enter the Member's identification number and/or Last Name, First Name, SSN, Click highlighted "Member Number, Click "create a claim for this member," Click "Submit a Dental Claim (ADA)."
- Or on paper submit ADA claim form to:

Avesis Third Party Administrators, Inc. Attn: Dental Claims P.O. Box 7777 Phoenix, Arizona 85011-7777

To Correct Information

You have the right to correct information submitted incorrectly within ninety (90) days from the date of service. You must include the reason for the change and a copy of the Remittance Advice. Change(s) must be made in writing and submitted to:

Avesis Third Party Administrators, Inc. Attn: Corrected Dental Claims P.O. Box 7777 Phoenix, Arizona 85011-7777

If you prefer, corrections can be made directly on the Avesis website.

Claims Appeals

If payment for services is denied in whole or in part, you may appeal the decision by requesting a review in writing. All claim reviews are handled in accordance with the Avesis Complaint, Appeal and Grievance (CAG) policies and procedures. All appeals must be submitted within thirty (30) from date of denial. For more details please refer to the Appeals Process section.

Payment

Avesis providers who use our Internet site for Member eligibility and claim submission functions are eligible to receive payments from Avesis via Electronic Funds Transfer thereby enabling your practice to maintain a positive cash flow.



Emergency Care

You are responsible for facilitating emergency treatment, as needed. Please note that for the Absolute Total Care Medicaid Dental Program, Avesis does not cover emergency services. Claims for emergency care should be filed directly with the South Carolina Department of Health and Human Services.

Members may need to be directed to their medical provider. Assistance is available at NurseWise[®] to triage after hours or emergency calls at (800) 704-1484 Option 7.



Eligibility and Confirmation

The confirmation of eligibility is an important step for every dental appointment. Avesis strongly recommends that you verify eligibility for each Member *prior* to the visit. Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received. Avesis will update the eligibility files monthly or as provided by the Care Management Organizations.

Avesis Provides four options for eligibility verification:

IVR (Interactive Voice Response System)

- Call the IVR at: (866) 234-4806
- Enter your Avesis provider PIN number
- Enter the Member's identification number
- You will receive a real time response
- Please be mindful that the interactive voice response system provides verification of coverage only and does not provide utilization of benefit information.

Internet

- Go to <u>www.avesis.com</u>
- Click Medicaid/Medicare Provider Login
- Enter your User Name and Password
- Click "Check Eligibility"
- Enter the Member's identification number **and/or** Last Name, First Name, Date of Birth
- You will receive a real time response

FAX

- Fill out the Avesis Verification Fax Form
- Fax toll free to: (866) 332-1632
- Faxes received before 11:00 AM will receive a reply by 12:00 PM
- Faxes received after 11:00 AM will receive a reply by 4:00 PM
- Faxes received after 4:00 PM will be sent a reply the following business day



Provider Services

- Call Avesis Provider Services toll free at: (800) 327-4462
- Provide your Avesis provider PIN number
- Provide the Member's identification number

Remember: Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received.

Avesis Eligibility Verification Fax Form

Provider Name: _____

Provider PIN#: _____

Provider Tax ID #:			Fax Number:							
Member ID #:	Member Name	Member DOB	Date of Service	te of Active		Mombor aligible for:				
				Yes	No	D0120	D1110	D0220	D0230	Restorations
					1	1				
			1		1					
L										

Instructions:

- Complete the appropriate fields indicated above (one line per Member) and fax to Avesis' secure fax line at: (866) 332-1632
- Faxes received before 11:00 AM will receive a reply by 12:00 PM ٠
- Faxes received after 11:00 AM will receive a reply by 3:00 PM ٠
- Faxes received after 4:00 PM will be sent a reply by 10:00AM the following business day.



Samples of Accepted Identification Form

This card is a sample of the Absolute Total Care identification card.

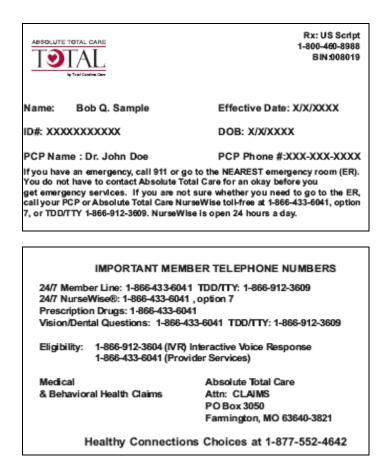


Figure 1 – Absolute Total Care ID Card



CDT Codes for SCDHHS Medicaid Dental Program

Details descriptions for CDT Codes including benefit limitations and attachments required for claims processing may be found on the Covered Benefits and Fee Schedule located behind the Agreement in this manual.

Medically necessary dental services must be appropriate and consistent with the standard of care for dental practices. You understand that the omission of services could adversely affect the Member's condition. The nature of the diagnosis and the severity of the symptoms must not be provided solely for the convenience of the dental professional or facility or other entity. There must be no other effective and more conservative or substantially less costly treatment available.



Non - Covered Items or Services

Non-covered services include investigational items and experimental drugs or procedures not recognized by the United States Food and Drug Administration, the United States Public Health Service, Medicare, and the Avesis Dental Director as universally accepted treatment, including but not limited to, positron emission tomography, dual photon absorptiometry, etc.

The Avesis Member may purchase additional services as non-covered procedure(s) or treatment(s) for an additional charge. Avesis requires that you and the Member complete the Non-Covered Services Disclosure Form included herein *prior* to rendering these services. If the Member elects to receive the non-covered procedure(s) or treatment(s), the Member would pay your usual and customary rate as payment in full for the agreed to procedure(s) or treatment(s). The Member is financially responsible for such services. If the Member will be subject to collection action upon failure to make the required payment, the terms of the action must be kept in the Member's treatment record. Failure to comply with this procedure will subject the provider to sanctions up to and including termination.



Non - Covered Services Disclosure Form

To be completed by Dentist Rendering Care

I am recommending that ____

Member Name and Identification Number

services that are **not** covered by the Avesis Covered Benefits and Fee Schedule. I am willing to accept my **Usual and Customary Fee** as payment in full. The following procedure codes are recommended:

CODE	DESCRIPTION	FEES	

The total amount for service(s) to be rendered is \$_____

Doctor's Signature

Date

To be completed by Member

I

Print Your Name

____, have been told

that I require services or have requested services that are not covered by the Avesis Covered Benefits and Fee Schedule.

Read the question and check either YES or NO	YES	NO
My doctor has assured me that there are no other covered benefits.		
I am willing to receive services not covered by Absolute Total Care.		
I am aware that I am financially responsible for paying for these services.		
I am aware that Absolute Total Care is not paying for these services.		

I agree to pay \$_____ per month. If I fail to make this payment I may be subject to collection action.

Patient's Signature if over eighteen (18) or Parent or Guardian

Date



Services Performed by the General Dentist

The Avesis South Carolina Medicaid Dental program is intended to be a General Dentistry program. Avesis considers the General Dentist to be the provider responsible for rendering all primary care to the Member. That dentist is responsible for the initial examination and basic radiographs necessary for any professional review by Avesis.

General Dentists should render the following services:

- 1. Preliminary diagnostic and all preventative care
- 2. Simple forcep extractions (D7140)
- 3. All routine restorative dentistry for adults

Note: It is the responsibility of the General Dentist to provide a copy of diagnostic quality radiographs to any Successor Dental Provider. If radiographs cannot be obtained from the General Dentist, the Successor Dental Provider shall contact Avesis to advise. Avesis shall notify the General Dentist, in writing, within thirty (30) calendar days, that the Successor Dental Provider did not receive diagnostic quality radiographs. Avesis will charge back the General Dentist for radiographs that the Successor Dental Provider must retake for appropriate care if:

- 1. The General Dentist has taken radiographs that were not of diagnostic quality as determined by Avesis clinical staff; and/or,
- Radiographs were not submitted to the Successor Dental Provider within ten (10) business days following a request for said radiographs.

For those Providers requesting radiographs less than ten (10) days prior to a Member being treated by the Successor Dental Provider, Avesis will not charge back the General Dentist.



Definitions:

<u>Appropriate Radiographs</u> – radiographs that are clear, labeled to identify the area of the mouth and showing the parts of the tooth or teeth to be treated.

<u>Dental Emergency</u> – a situation where the Member has or believes there is a current, acute dental crisis that could be detrimental to their health if not treated promptly.

Avesis requires that Avesis network dentists perform all covered dental benefits if possible. As the General Dentist, you will be responsible for understanding the coverage in this specific program. If questions arise regarding these processes, please contact Provider Services at (800) 327-4462 for guidance.

In the case of a true emergency (pain or trauma), please refer to your South Carolina Department of Health and Human Services Medicaid Program Manual.



Post Treatment Review

Routine Services

While Avesis will review some dental services after the treatment is completed, Avesis will not delay payment for this review. You are however responsible for submitting all necessary attachments. If Avesis does not receive these attachments, Avesis may takeback future claim payments.

If the Avesis clinical reviewer determines that the treatment was inappropriate or excessive based upon the status of the tooth on the radiograph, Avesis may reduce future claim payments. If there are extenuating circumstances that are relevant, it is imperative that the dental provider include a written explanation with the claim.

Dental services codes requiring post treatment review are indicated in detail in the Avesis SCDHHS Covered Benefits and Fee Schedule. These services are indicated as requiring attachments to accompany the claim. Avesis clinical staff will review these services after the treatment has been performed.

All of these services will require **copies of pre-treatment radiographs** of the tooth or teeth to be included at the same time the claim form is submitted. The claim form and pre-treatment radiographs may be submitted either electronically or on the current ADA claim form. Please note that no additional radiographs are being requested other than those necessary for proper diagnosis and treatment.



Claims Process

All claims submitted will be processed and paid according to the Avesis Covered Benefits and Fee Schedule. Avesis follows American Dental Association (ADA) Current Dental Terminology (CDT) guidelines. Each claim must include the appropriate line item with your usual charge, current CDT Code, and tooth number. Claims must be received within ninety (90) days from the date of service and may be submitted in one of the following three formats:

- Through EDI (arrangements must be made with the Avesis IT Department prior to submission)
- On our website at: <u>www.avesis.com</u>
- Or on paper submit ADA claim form to:

Avesis Third Party Administrators, Inc. Attn: Dental Claims P.O. Box 7777 Phoenix, Arizona 85011-7777

Electronic Claims Submission via Clearinghouses

You may submit claims using Emdeon or EHG, clearinghouses that can convert paper claims into a HIPAA Compliant Electronic Data Interchange (EDI) format. The Avesis payor identification number is 86098. If you have any questions regarding Emdeon, please contact them directly at 877-469-3263. If you have any questions regarding EHG, please contact them directly at 800-576-6412.

Electronic Attachments

You may submit images, charting, and notes directly to Avesis at no charge on our website at <u>www.avesis.com</u>. Avesis also accepts electronic attachments via FastAttach[™], a National Electronic Attachment, LLC (NEA) company, for Pre-Estimate requests requiring these documents. This program allows transmissions via secure internet lines. For more information contact FastAttach[™] at: <u>www.fast.nea.com</u> or NEA at: (800) 782-5150.

Avesis providers using the Avesis website for claim submission or other electronic filings are eligible to receive payments from Avesis via Electronic Funds Transfer.

Electronic Funds Transfer Agreement

ACCOUNT REGISTRATION INFORMATION					
Name		Tax ID Numb	er		
Address					
City, State, Zip Code					
BANK INFORMATION					
Bank Name	Checking	Savings	Other		
Address					
City, State, Zip Code					
Routing #		Account #			

I, _______, as the authorized party, allow Avesis to deposit funds into my Bank Account using Electronic Funds Transfer. A voided check is included with this agreement to facilitate this process. This transfer is for my convenience. All claims filed are in accordance with the terms of the executed Avesis Agreement and the Avesis Provider Manual. All funds shall be deposited into my bank account at the banking institution shown above. The bank shall provide to Avesis your most current address upon request.

I understand that:

- 1. The origination of electronic credits to my account must comply with the provisions of United States law.
- 2. Avesis and the Bank will share with each other limited account and contract information as necessary to affect these credits.
- 3. By signing this document, I agree to accept the terms of the Electronic Funds Transfer.
- 4. This form must processed by Avesis before funds will be transferred into my Bank Account.

Printed Name of Account Holder

Signature of Account Holder

Printed Name of Joint Account Holder

Signature of Joint Account Holder

Telephone Number:

2 4.0

Date



Date



Claim Follow - Up

The provider has a right to correct information submitted by another party or to correct his/her own information submitted incorrectly. Changes must be made in writing and directed to the Avesis Claims Manager within forty-five (45) days.

When calling or writing to Avesis to follow up on a claim(s) please have the following information available:

- 1. Patient's Name
- 2. Date of Service
- 3. Patient's Date of Birth
- 4. Member's Name
- 5. Member's ID Number
- 6. Member's Group Number
- 7. CDT Codes
- 8. Claim Number, if the claim has been paid

To Resubmit Claims

Resubmitted claims must be submitted within ninety (90) days of the initial submission and include the original claim number. If submitting them on an ADA claim form, please write Re-Submission at the top of the form to ensure proper handling of the claim in the Processing Department.

Summary of Claim

A summarization of the claim payment will be included with your claim check. A summarization of previously submitted claims for underpayments and/or overpayments may also be included. Summarizations of claim payments are available after submission of a claim on Avesis' website. In addition, providers may view remittance advices within one business day of payment on the website at www.avesis.com.



Payment

Avesis and Absolute Total Care comply with the South Carolina prompt pay law requiring that 90% of eligible clean claims be processed and paid within thirty (30) calendar days and 99% of clean claims be paid within ninety (90) calendar days. Avesis will pay eligible clean dental claims on a weekly basis. Submit a clean claim form or file electronically after services and materials have been provided.

A "CLEAN" claim contains the following correct and true information:

- 1. Member's Name
- 2. Member's Date of Birth
- 3. Member's Identification Number
- 4. Acceptable CDT Code
- 5. Approval Number, if applicable
- 6. Provider information
- 7. Provider's signature

Missing or incorrect information will cause delays in your payment or the claim may be returned to you unpaid. Applicable Member co-payments will be deducted from billed amounts.

If payment is not received in a timely manner, it may be due to:

- 1. Avesis not having received the claim
- 2. Eligibility verification
- 3. Claim was returned to you for missing information

Do not wait more than thirty (30) days after claim submission before notifying Avesis of a claim that has not been adjudicated.

Note: Avesis Members cannot be balance billed for any charges or penalties incurred as a result of late or incorrect submissions.



Coordination of Benefits

Primary vs. Secondary Insurance

SCDHHS is the payor of last resort. All claims must be filed with commercial insurance companies or third party administrators prior to filing claims with Avesis for SCDHHS reimbursement.

If Avesis is not the primary payer you must bill the primary payer first. If the claim is initially filed with Avesis, the claim will be denied. If the primary payor pays less than the agreed upon fee, you may bill Avesis for the balance. You must enclose the Remittance Advice from the primary payor. Avesis must receive the claim within ninety (90) days of the date of the primary payer's Remittance Advice. Remaining charges will be reimbursed up to the maximum allowed amount had Avesis paid as the primary payer.

Since the SCDHHS program is an individual program, each Member has a unique Member identification number.



Appeal Process for Denial of Claim(s)

Avesis confirms that you have the right to appeal a claim that has been denied in whole or in part.

Procedure Levels

Level One:

- 1. You need to submit a written request for the claim to be reviewed including the justification for the service to be reimbursed.
- 2. All requests must be submitted within thirty (30) days from the date Avesis denied the service.
- 3. The Claims Manager will review the appeal and if based upon the information provided it is determined that the service or material should be reimbursed, the claim will be paid.
- 4. If the Claims Manager determines that the claim should not be reimbursed, the claim will be referred to the Dental Director for determination.

Level Two:

- 1. You may file an appeal to Avesis either in writing or verbally.
- 2. An appeal is any disagreement you may have with respect to payment for services and/or materials. Examples are:
 - Reduction of a claim payment
 - Benefits that are considered covered or non-covered
 - Denial of eligibility
- 3. The Dental Director will review the appeal.

Level Three:

- 1. You may file a formal grievance.
- 2. The grievance must be submitted in writing to Avesis.
- 3. The grievance will be investigated and will involve the Complaint Resolution Committee to review and resolve.
- 4. You will be notified of the determination.



Provider Complaints

Providers are permitted to dispute Avesis Policies and Procedures as they relate to the provider and/or his practice. Avesis has designated one person for the program who shall be available to receive phone calls, emails or in-person questions from providers. Providers are permitted to consolidate their complaints or appeals of multiple claims involving the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled complaint or appeal.

In the event of a complaint by a Provider, all of the specifics surrounding the complaint are to be thoroughly investigated and documented. Investigation and resolution of the complaint shall be made using applicable statutory, regulatory and contractual provisions.

If a Provider has exhausted the Avesis appeals process with regard to denied or partially denied claims, the provider is entitled to pursue the administrative law hearing or review processes or select binding arbitration, as set forth in the Provider Agreement. Information regarding the ways that providers can appeal adverse determinations shall be included with the EOB sent to the provider.



Standards of Care for Dental Offices

The Avesis SCDHHS Dental Program has established standards that our provider offices are expected to fulfill. The following are the summaries of those standards:

Dental Professional Standard of Care

Each dentist and dental specialist within our network is expected to practice within the standard of care for dentists within their state. You are required to practice within the scope of dental practice as established by the state board of dentistry. You are expected to be aware of any applicable state and federal laws that impact your position as an employer, a business owner and a healthcare professional.

Parameters of Care

You should be aware of the ADA parameters of care that can be found on the Internet at: <u>http://www.ada.org/Members/prac/tools/parameters/index.asp</u>. While only guidelines, Avesis will look to these parameters as indicative of the appropriate care for the situations described. For the actual treatment that occurs, you are expected to use all relevant training, knowledge and expertise to provide the best care for the Member.

Standards for Member Records

Each Member shall have an individual record and an individual file kept at the dental office. The record shall include a current health history and listing of any prescription or non-prescription drugs taken; the Member's primary care physician's name and phone number; a summary of all services provided by the dental office; all radiographs taken during the Member's previous dental visits; a copy of all authorizations or referrals for the Member; and copies or notations regarding any drugs prescribed for the Member. See page 40 for a complete listing of requirements for a Member Record. The records shall be carefully maintained at the dental office and available for review by Avesis staff during any facility review. If computerized, the records shall be non-changeable and properly backed-up for protection in accordance with any applicable Health Insurance Portability and Accountability Act (HIPAA). The provider shall confirm that all records conform to the applicable State Board of Dental Examiners.

Standards for Infection Control

The dental office shall follow all appropriate state and federal guidelines including any from OSHA and the CDC that impact clinical dental practice. The office shall perform appropriate sterilization procedures on all instruments and dental handpieces. Furthermore, appropriate disinfection procedures for all surfaces in the treatment areas shall be performed following each patient visit. Masks and gloves shall be worn for all Member treatment. Protective eyewear shall be available for all dental staff. Members shall be protected from all chemical and biological hazards at all times.



Standards for Radiation Protection

All staff required to use radiograph technology must be trained on the proper use of this technology prior to its use. The dental office shall have only radiograph machines that have been checked by the appropriate state authorities and were confirmed to be within the standards set down by statute or regulation. Members shall be given proper shielding for all radiographs and the processing shall be done according to manufacturer's specifications. For digital radiographs, the computer system shall have the appropriate storage and back-up protection as described in the ADA parameters of care. Radiation badges to monitor the levels of radiation in the dental office shall also be worn by all personnel on a voluntary basis.

Standard for Member Contacts

Your office shall maintain accurate contact information for each Member and shall have appropriate contact numbers for parent(s) or legal guardian, if the Member is under the age of majority. Members shall be offered appointments within the period of time dictated by the state administration. Emergency coverage shall be in keeping with the requirements established in your Avesis Provider Agreement, by the state administration and as described within this Provider Manual. No charges shall be permitted for late or broken appointments as required by the SCDHHS Medicaid Dental program.

Standard for Member Appointments

Each new Member must have thorough medical and dental health histories completed before any treatment begins. Each new Member must have a complete clinical examination and oral cancer screening. Each Member must have appropriate radiographs for diagnosis and treatment based upon their age and dentition. Each Member must have a written treatment plan in the Member record that clearly explains all necessary treatment(s).

Standard for Treatment Planning

All treatment plans must be recorded and presented to the Member and parent, if the Member is a minor. The Member must be given the opportunity to accept or reject the treatment recommendations and the Member's response must be recorded in the Member's record.

Standard for Services not covered under Absolute Total Care

Your office should be aware of those dental services that are not covered under the Absolute Total Care Medicaid Dental program. If the Member is willing to have you provide any non-covered services and is willing and able to pay directly for those services, you must complete the Avesis Non-Covered Services Disclosure Form included herein.



Standards for Submitting Claims

Whenever possible, claims should be submitted to Avesis for all dental services within ten (10) business days of the Member's appointment. Claims shall be submitted promptly following the Member's appointment and with all of the necessary materials included for Avesis' review.

Medical Records



Member Records

You must maintain and may be required to disclose Member records as required by state law. The records:

- Are to be maintained in a current, comprehensive and organized manner.
- Are to be legible.
- Must include the patient's identification number on all pages.
- Must include current health history.
- Must include documented past history.
- Must include current medications.
- Must include hematological disorders.
- Must include cardiovascular disorders.
- Must include respiratory disorders.
- Must include endocrine disorders.
- Must include communicable diseases.
- Must include neurological disorders.
- Must include initial examination data.
- Must include radiographs.
- Must include oral hygiene status.
- Must include pediatric Dentist and occlusal status.
- Must have all entries signed or initialed.
- Must have all entries dated.
- Must include a tobacco, alcohol and substance abuse history for ages fourteen (14) and older.
- Must include medication allergies and sensitivities, or reference "No Known Allergies" (NKA) to medications prominently on the record.
- Must include a physical assessment (problem directed) that has been documented and reviewed.
- Must include a treatment plan that is consistent with the diagnosis.
- Must include progress notes.
- Must include a date for return or follow up visit.
- Must include documentation that problems from previous visits were addressed.
- Signed HIPAA Confidentiality Statement.
- Original handwritten personal signature, initials, or electronic signature of practitioner performing the service.
- Must be written in Standard English.



The following significant conditions must be prominently noted in the chart:

- A health problem that requires pre-medication prior to treatment.
- Current medications being taken that may contraindicate the use of other medications.
- Current medications being taken that may contraindicate dental treatment.
- Infectious diseases that may endanger others.

Review:

An Avesis representative may visit your office to review the medical records of Absolute Total Care Members. The Member's record must:

- 1. Contain a signed consent to permit Avesis to access medical records upon request.
- Be retained by you for all covered services rendered for the greater of ten (10) years for adults and thirteen (13) years for minors or as required by your state law.

Access:

You are required to comply with Avesis' rules for reasonable access to medical records during the Agreement term and upon termination allowing:

- 1. The following parties access to the Member's medical records: Avesis representatives or their delegates, the Member's subsequent physician(s), or any authorized third party.
- 2. For a maintenance period of ten (10) years from the last Date of Service for adult patients and at least thirteen (13) years for minors

Copies:

Avesis has the right to request copies of the Member's complete record. Avesis will reimburse the practice for any requested records.

When medical records are required by Avesis due to a claims appeal initiated by you, then you may not charge a fee for the medical records.

When medical records are required by Avesis due to a claims appeal initiated by a Member, then you may not charge a fee for the medical records.



Note: It is the responsibility of the General/Pediatric Dentist to provide a copy of diagnostic quality radiographs to any Successor Dental Provider. If radiographs cannot be obtained from the General/Pediatric Dentist, the Successor Dental Provider shall contact Avesis to advise. Avesis shall notify the General/Pediatric Dentist, in writing, within thirty (30) calendar days, that the Successor Dental Provider did not receive diagnostic quality radiographs. Avesis will charge back the General/Pediatric Dentist for radiographs that the Successor Dental Provider did not receive for appropriate care if:

- 1. The General/Pediatric Dentist has taken radiographs that were not of diagnostic quality as determined by Avesis clinical staff; and/or,
- Radiographs were not submitted to the Successor Dental Provider within ten (10) business days following a request for said radiographs.

For those Providers requesting radiographs less than ten (10) days prior to a Member being treated by the Successor Dental Provider, Avesis will not charge back the General/Pediatric Dentist.

If the specialist deems that radiographs do not need to be repeated, the specialist must include a narrative to clearly explain the dental conditions found upon examination.



Credentialing and Office Review

As a managed care organization, Avesis is required to confirm the professional qualifications of the dentists and specialists who treat our patients. That process began with the initial application completed and submitted by you and continues on a regular basis. The process has two parts: the review of the professional credentials and the physical review of each dental office.

Credentialing Process

The credentialing process began with the gathering of documentation from you. The Credentialing Checklist is available on the Avesis website at <u>www.avesis.com</u>. Requirements for credentialing included the specific background information necessary to perform a complete National Committee for Quality Assurance (NCQA) based credentialing of your education, licensure and other qualifications. Avesis contracts with a NCQA certified credentialing verification organization (CVO) to complete the collection and primary source verification of each network provider. The details of the credentialing process are focused upon ten (10) specific elements within the NCQA and Avesis process. Those elements are as follows:

- License to Practice State dental license
- Hospital privileges, if applicable
- DEA/CDS Registration, if applicable
- Board Certification / Residency Completion / Medical School, if applicable
- Professional Liability Insurance Coverage Limits
- Professional Liability Claims History including previous lawsuits, if any
- Application Processing Professional questions and Attestation
- NPDB/ HIPDB National Practitioner Data Base information
- Medicare/Medicaid sanctions
- Sanctions Against Licensure State license limitations

After completion of the credentials confirmation process, your completed application is reviewed by the Avesis Credentialing Committee. The Credentialing Committee confirms the successful completion of the information gathering and admits you into the network. If issues are found during the credentialing process, you would be given an opportunity to further explain the circumstances concerning the issue that was found.

This credentialing process for each dentist practicing in your office will be repeated every thirty six (36) months. Any new dentists joining the practice of contracted Provider must be credentialed by Avesis prior to treating any Avesis SCDHHS Members.



Once fully credentialed, participating providers agree to bill Avesis for **only** those services rendered by them personally, or under their direct supervision by salaried employees such as licensed technicians, or assistants duly certified pursuant to state law guidelines. Direct supervision includes, at a minimum, periodic review of the patient's records and immediate availability of the provider to confer with the salaried employee performing the service regarding a Member's condition. This does not mean the enrolled provider must be present in the same room; however, the enrolled provider must be present at the site of these services, e.g., office suite, hospital, clinic, etc. at the time they are performed.

Note: Under no circumstances may a provider bill for services rendered by another individual practitioner who is enrolled or eligible to enroll as a provider of services in the Avesis dental program or who is not duly licensed in the State of South Carolina. In a group practice, each provider must enroll separately and bill for services he/she provided under his/her own provider number. For purposes of this policy, a group practice is defined as a partnership, a corporation, or an assemblage of providers in a space-sharing arrangement in which the physicians each maintain offices and the majority of their treatment facilities in a contiguous space. Services performed by non-enrolled providers in a group practice are not covered, unless as a locum tenens.

Indiscriminate billing under one provider's name or provider number without regard to the specific circumstances of rendition of the services is specifically prohibited and will be grounds for recoupment of funds for services billed under a provider other than the provider rendering service, or claim denial.

The common practice of one provider covering for another will not be construed as a violation of this Section when the covering provider is on call and provides emergency or unscheduled services for a period of time not to exceed sixty (60) continuous days during a twelve month period.

Participating providers agree to notify Avesis in writing should any changes(s) in participation status occur such as: new address and/or telephone number, additional practice/ office location(s) or change in payee. Each change in participation status must be reported to the Avesis Credentialing Department as soon as possible.



Re-Credentialing

Avesis will initiate the re-credentialing process approximately thirty (30) months of your initial credentialing date and every third year on that date. Our process will be to send a re-credentialing information request sixty (60) to ninety (90) days prior to your credentialing date. That information should be completed and returned to Avesis promptly in order for us to work with our CVO to perform primary source verification on the data. Obviously, there are a few credentialing elements, such as the school of graduation, that will not change. However, most of the elements could change over the thirty-six (36) month period. Avesis is not anticipating any changes, but will carefully review any changes that are found.

Our Credentialing Committee will review the completed re-credentialing information. If there are any significant issues prior to that review, they will be reviewed by the Chief Dental Officer, members of the Credentialing Committee and the State Dental Director.

The credentialing and re-credentialing process is necessary in order to confirm that the dentists participating with Avesis are properly licensed and have no sanctions or license limitations that would impact their ability to treat our Members.

IMPORTANT

Re-Credentialing

It is the sole responsibility of Avesis providers to submit required materials to the Avesis Provider Relations Department upon renewal of such documents to ensure continued participation on the Avesis Preferred Provider Network.



Quarterly Statistical Provider Review

At the end of each quarter, Avesis will compile and review total services rendered by all dental providers in the Avesis SCDHHS Dental Program. The objective of the utilization review process is intended to provide Avesis and/or the MCO feedback regarding the demand for dental services and appropriateness of care. Each code will be analyzed against the number of total Avesis SCDHHS Dental recipients being treated. The result will be an average frequency of services per 100 recipients treated in the Avesis SCDHHS Dental Program. Providers' hourly income will be calculated for the quarter. An average statewide hourly income will be the result. The following items formulate the basis of the utilization review:

- Average Service Comparison Avesis will prepare a summary of the statistical results by ADA code for each provider compared with the state average. Avesis will perform this analysis only if the provider has treated a sufficient number of Avesis SCDHHS Dental Members in that quarter. Providers that qualify must fall within a reasonable range of the state average. Those providers falling outside of the range will be reviewed for over or under-treatment patterns.
- Total Quarterly Income Avesis shall calculate the hourly income for all network providers using the services rendered during each quarter, using a relative time value unit (RVU) set. The results shall be compared to all other providers and to previous quarters. Providers may request a summary of their income compared to the state average.
- 3. Accurate Claim Submission This will be accomplished:
 - During the quarterly statistical review Avesis will look for any services that would be impossible due to a tooth being previously extracted or a service done on a tooth that would not require that service (i.e. placing an amalgam on a tooth that already had a stainless steel crown).
 - Compliance with Avesis process

Avesis' goal in the utilization review process is to ensure provider satisfaction along with quality care for recipients.



Quarterly Wait Time Review

In lieu of requiring Providers to submit a report of average wait times on a quarterly basis, Avesis will perform random and anonymous surveys of Provider practices to inquire whether scheduling wait times as well as office wait times are excessive. Providers found to have excessive wait times will be required to implement a corrective action plan. The State of South Carolina's requirements are as follows:

- 1. The State of South Carolina requires a maximum forty-five (45) minutes wait time and thirty (30) day for routine care requirement for SCDHHS Members.
- 2. If a Member complains to Absolute Total Care or the State that wait times in your office were excessive, Avesis is required to contact your office to advise you that there was a complaint filed against your office. Once you are notified, Avesis will work with you to formulate a written corrective action plan and follow up to ensure that the action has been implemented.
- 3. If a Member complains to Absolute Total Care or the State of that it was difficult to make an appointment for routine care, Avesis is required to contact your office to advise you that there was a complaint filed against your office. Once you are notified, Avesis will work with you to formulate a written and follow up to ensure that the action has been implemented.
- 4. If the State of South Carolina or Absolute Total Care deems that wait times exceed forty-five (45) minutes on a continuous basis, then they may require Avesis to add an amendment to the Agreement which will reinstitute the maximum forty-five (45) minute wait time.
- 5. If the State of South Carolina or Absolute Total Care deems that wait times for routine care is excessive on a continuous basis, then they may require Avesis to enforce and/or amend the Provider Agreement accordingly.

It is important to note that Providers who do not implement a corrective action plan upon request may be subject to termination form the network.



Appeals Process for Member or Provider Grievance

There are 3 levels to the Appeals Process.

- <u>C</u>omplaint The first level is filing a complaint. The complaint may be submitted either verbally or in writing to Avesis. A complaint is any issue not resolved to the Member's or the participating Provider's satisfaction by the Customer Service Staff. In resolving at this level all of the facts are obtained from the Member or provider and can include copies of receipts or prescriptions depending upon the issue. The provider and Member are contacted and a resolution is reached. The majority of the resolutions are forwarded to the Member or provider via written confirmation and Members/Providers are given the opportunity to file a written appeal based on additional information not previously considered.
- <u>Appeal</u> The second level is filing an appeal. The Member or provider submits their appeal in written form. The new information will be reviewed by the Quality Assurance Committee and a decision is made whether to uphold the original decision. The Member/provider is notified in writing of the outcome. A Member/provider who is not satisfied with the appeal level decision may request a grievance.
- 3. <u>G</u>rievance The final level is filing a grievance. The grievance must be submitted in writing to Avesis. A grievance is an issue requiring thorough investigation and the Grievance Committee's review to resolve. The grievance must be filed within one hundred eighty (180) days after the receipt of the subject health care services. The information must contain all of the facts that provide the basis for any claim or action against Avesis, provide Avesis with all of the information they may request and provide Avesis with all of the documents and material available regarding the grievance in order to assist in its determination. The Member/provider is sent a letter of confirmation regarding the decision of the Grievance Committee.

All Complaints, Appeals and Grievances are logged into the Quality Assurance Database for review.



Avesis Dental Committees

Avesis welcomes involvement from the dentists who participate in our Medicaid Dental program. To provide opportunities for feedback from the South Carolina dental community, Avesis has established a series of committees with specific functions in our processes.

There are currently four active committees that are staffed with volunteer dentists.

Committee Structure for Avesis Dental Programs

CREDENTIALING COMMITTEE

Members: Chief Dental Officer, Director of Quality Assurance, Director of Provider Services, members of the Dental Advisory Board and others.

Responsibilities: Credentialing of new network Providers; review of credentials upon re-credentialing every thirty-six months and review of any appeals from dentists who have been sanctioned. Meetings held: every other week.

Critical focus: Confirming the acceptability of new dentists before entry into the network and continuing the process upon re-credentialing.

QUALITY ASSURANCE COMMITTEE

Members: Director of Quality Assurance, Chief Operating Officer, Director of Operations, Chief Information Officer, Vice President Operations, Manager Medicaid Services, Chief Eye Care Officer, Georgia State Dental Director, Customer Service Manager, Claims Department Manager, QA Coordinator, Senior Operations Specialist, Director Client Relations and Project Manager.

Responsibilities: Review of efforts by Avesis toward continuous quality improvement, establishing standard for quality review of the program and input toward Avesis' planning for future planned improvements.

Meetings held: Quarterly

Critical focus: Reviewing the statistical summary of the dental program and determining the primary areas within the administration of the Avesis' program to focus on for improvement.



COMPLAINT RESOLUTION / PEER REVIEW COMMITTEE

Members: Chief Dental Officer, Advisory Board and up to (3) dentists from the Avesis provider network.

Responsibilities: Review of complaints from network Providers; review of clinical complaints regarding network Providers; and decisions concerning the appropriate settlement of clinical disputes between Providers and patients.

Meetings held: Quarterly

Critical focus: Reviewing the complaints received from network Members and dental network Providers. Determine the validity of the complaints and the appropriate response to the party bringing the complaint.

DENTAL DIRECTOR ROLE

The Chief Dental Officer is an employee or contractor with Avesis who is your local contact as a dental professional. We intend to have this Officer represent you, as an Avesis dental provider, in Avesis' role as administrator of the South Carolina Medicaid Dental program in your state.

The Chief Dental Officer will represent Avesis at meetings of the local Dental Association and its component societies and at meetings with our MCO. He will be available for discussion and consultation concerning issues of importance to our Avesis dental network Providers. If you wish to speak the Chief Dental Officer, please call Provider Services at: (800) 327-4462.

All of Avesis' dental program committees include the Chief Dental Officer as either an active Member or as an attendee.



Cultural Competency

As a company dedicated to providing clients with superior service, Avesis fully recognizes the importance of serving Members in a culturally and linguistically appropriate manner. We know from direct experience that:

- Some members have limited proficiency with the English language including some members whose native language is English but who are not fully literate.
- Some members have disabilities and/or cognitive impairments that impede their communicating with us and using health care services.
- Some members come from other cultures that view health-related behaviors and health care differently than the dominant culture.

Avesis is committed to ensuring that network Providers, as well as its policies and infrastructure, are attuned to meeting the diverse needs of all Members, especially those who face these challenges. Cultural competency is a key component of Avesis' continuous quality improvement efforts.

To be culturally competent, you shall:

- Work with Members so that once Members are identified that may have cultural or linguistic barriers alternative communication methods can be made available
- Utilize culturally sensitive and appropriate educational materials based on the member's race, ethnicity and primary language spoken
- Ensure that resources are available to overcome the language barriers and communication barriers that exist in the member population
- Make certain that you recognize the culturally diverse needs of the population
- Teach staff to value the diversity of both their co-workers inside the organization and the population served, and to behave accordingly.



Foreign Language Translation Services

<u>Communication with Avesis</u> – There is a Spanish language queue set up in Customer Service that members can access as they call into Customer Service. Avesis employs customer service representatives who speak Spanish. In addition, Avesis uses Language Line for interpreter services as needed to communicate with members who have limited English proficiency. Avesis pays all costs of commercial language services required by its Members.

<u>Special Services for Persons with Hearing Impairments</u> – Avesis' Members who are deaf or hard of hearing may require devices or services to aid them in communicating effectively with their providers. Customer Service Representatives ask members who are hearing impaired if they would like a certified interpreter—such as a computer assisted real-time reporter, oral interpreter, cued speech interpreter, or sign-language interpreter—to be present during a visit to the provider. Customer Service maintains a list of phone numbers and locations of interpreter services, by county. If the use of an interpreter is not appropriate, Customer Service will offer the member the chance to specify what other type of auxiliary aid or service they prefer.

Also, Provider Services and Provider Relations staff will educate Providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for the patient
- Reduce echoes to enhance sound quality
- Add lighting to enhance visibility
- Install flashing lights that work in conjunction with auditory safety alarms
- Clearly identify all buildings, floors, offices and room numbers
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office.

<u>Functional Illiteracy</u> – Often hidden from view is the fact that many members who speak English as their native language cannot read at a level that allows them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such members identify themselves to staff or to network providers. Nevertheless, we are committed to making best efforts to help these individuals so that they can get the most out of their health care plan.

We begin by encouraging our staff and providers' office staffs to look for telltale signs of literacy problems. These personnel then attempt, with sensitivity and discretion, to help the member with the immediate need, such as completing a form. We will also try to guide the member to appropriate community resources that can help the member improve his or her literacy skills.

<u>Website adaptations</u> – Avesis' website has been updated to improve the content and interactive capabilities available to members and prospective members. We are also working on translating key pages of the website into Spanish.



Self-Assessment Checklist for Personnel Providing Health Care Services

Georgetown University Child Development Center-National Center for Cultural Competence

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic cultural competency in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values and practices, which foster cultural and linguistic competence at the individual or practitioner level.

DIRECTIONS: Select A, B, or C for each item listed below.

A = Things I do frequently B = Things I do occasionally C = Things I do rarely or never

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

_____ 1. I display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served by my program or agency.

_____ 2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

_____ 3. When using videos, films or other media resources for health education, treatment or other interventions, I insure that they reflect the cultures and ethnic background of individuals and families served by my program or agency.

_____ 4. I insure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

COMMUNICATION STYLES

_____ 5. When interacting with individuals and families who have limited English proficiency I always keep in mind that:

• limitations in English proficiency is in no way a reflection of their level of intellectual functioning.

• their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin

• they may or may not be literate in their language of origin or English



6. I use bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.

_____7. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.

_____ 8. I attempt to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment or other interventions.

_____ 9. When possible, I insure that all notices and communiqués to individuals and families are written in their language of origin.

_____ 10. I understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method.

VALUES & ATTITUDES

_____ 11. I avoid imposing values which may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

_____ 12. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with individuals and families served by my program or agency.

_____ 13. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors which show cultural insensitivity, racial biases and prejudice.

_____ 14. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

_____ 15. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).

_____ 16. I accept and respect that male-female roles may vary significantly among different cultures and ethic groups (e.g. who makes major decisions for the family).



_____ 17. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family).

_____ 18. Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.

_____ 19. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

_____ 20. I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease, and death.

_____ 21. I understand that the perception of health, wellness and preventive health services have different meanings to different cultural or ethnic groups.

_____ 22. I recognize and accept that folk and religious beliefs may influence an individual's or family's reaction and approach to a child born with a disability, or later diagnosed with a disability, genetic disorder, or special health care needs.

_____ 23. I understand that grief and bereavement are influenced by culture.

_____ 24. I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my program or agency.

_____ 25. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs, and expectations that are unique to the culturally and ethnically diverse groups served by my program or agency.

_____ 26. I keep abreast of the major health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.

_____ 27. I am aware of the socio-economic and environmental risk factors that contribute to the major health problems of culturally, ethnically and racially diverse populations served by my program or agency.

Dental Provider Manual



_____ 28. I am well versed in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the geographic locale served by my agency or program.

_____ 29. I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.

_____ 30. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural and linguistic competence.

There is no answer key with correct responses. However, if you frequently responded "C", you may not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence within health care delivery programs.

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Agreement and Amendments

Please place any amendments you receive from Avesis in this section.



Fee Schedule